



RECEIVED

AUG 02 2002

COPY OF PAPERS  
ORIGINALLY FILED

1646

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-00)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Confirmation Number : 9394

Total Number of Pages in This Submission

Application Number

09/775,743

Filing Date

02/02/2001

First Named Inventor

L. Tchistiakova

Group Art Unit

1646

Examiner Name

O. Chernyshev

Attorney Docket Number

082181-36154

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard; Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Diane L. Ferrone, Registration No. 36,135  
Gibbons, Del Deo, Dolan, Griffinger & Vecchione

Signature

Date

07/22/2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name

Tracie Calderone

Signature

Date 07/22/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS  
ORIGINALLY FILED

123  
I hereby certify that this correspondence (and any paper or fee referred to as being transmitted herewith) is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to ASSISTANT COMMISSIONER OF PATENTS, WASHINGTON, D.C. 20231, on

July 22, 2002  
(Date of Deposit)

Priscilla Calderon 7/22/02  
(Signature and Date)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT  
RECEIVED

In re Patent Application of:  
Tchistiakova, et al.

Group Art Unit: 1646

AUG 02 2002

Serial No.: 09/775,743

TECH CENTER 1600/2900

Examiner: Chernyshev, Olga N.

Filed: February 2, 2001

For: LIGAND FOR VASCULAR :  
ENDOTHELIAL GROWTH :  
FACTOR RECEPTOR

Assistant Commissioner of Patents  
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action dated June 20, 2002, please cancel claims 25-41 and substitute with the following claims 42-55.